

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space  
**35599**

**1. PLACE OF DEATH**

County Clay  
Township Kearney  
City Kearney (No. \_\_\_\_\_)

Registration District No. 200  
Primary Registration District No. 4120

File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Artie M. Robinett

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF Orsen Robinett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9<sup>th</sup> 1865

7. AGE YEARS 68 MONTHS 6 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John W. Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Elizabeth Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Clara Nicholson (ADDRESS) Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Mo DATE Nov 19 1933

19. UNDERTAKER James J. J. J. (ADDRESS) Kearney Mo

20. FILED 11/14/33 19 Chas. A. Smith Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1933

22. I HEREBY CERTIFY that I attended deceased from Dec. 15<sup>th</sup> 1933 to Nov 17<sup>th</sup> 1933

I last saw him alive on Nov 17 1933 Death is said

to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Epler M. D.

(Address) Kearney Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

